

**WICHITA TRANSIT
777 E. WATERMAN
WICHITA, KS 67202
316-352-4828**

Dear Applicant:

If you have a physical or mental disability, which prevents you from using regular fixed-route bus service, you may be eligible for Wichita Transit's ADA curb-to-curb paratransit service.

Please **COMPLETE** the attached application and mail it to Wichita Transit (WT). **If the application has not been fully completed, it will be returned to you.** WT will forward the application to Professional Assessment Center (PAC). **Due to the length of the application and the need for an original signature, applications may not be FAXED or submitted electronically.**

Once PAC receives your application, they will telephone you to schedule a time for you to come to their facility for an in-person interview and possible physical or cognitive testing. Their office is located on north Webb Road. **If you choose, WT will provide free transportation to and from the assessment center.** Once you have completed the in-person interview and any required functional and cognitive assessment, PAC will forward their findings on your application to WT for a determination of paratransit eligibility. Pursuant to The ADA, you have the right to appeal any eligibility determination.

If your disability status changes, please contact WT at **352-4828**. Changes in disability status may affect your eligibility for the paratransit service. Also, if your address or phone number changes, please let WT know as soon as possible so we may update your file.

Sincerely,

**Forrest Nagley
Paratransit Services Manager**

INSTRUCTIONS FOR ADA PARATRANSIT ELIGIBILITY APPLICATION

Wichita Transit's (WT) paratransit service provides transportation for customers who are physically and / or mentally disabled and, as a result, are not capable of riding fixed route transit. The service is a requirement of The Americans with Disabilities Act (ADA). Signed into law in 1990, The ADA is federal civil rights law prohibiting discrimination against individuals with disabilities.

Eligibility Requirements

Disability alone does not qualify you to use the paratransit van service. Instead, eligibility is based upon the person's functional ability to use WT's fixed route system. All of Wichita's fixed route buses meet the accessibility requirements of The ADA. All WT buses provide a wheelchair lift or ramp along with seating designed for wheelchairs and similar mobility devices. In addition, drivers verbally announce arrivals at major intersections and designated stops. Bus schedules are available in Braille, large print and on audiotapes.

Paratransit eligibility is not a medical decision. It is also not based on the unavailability of fixed route bus service in a certain area of the City. The absence of a fixed route bus stop or its distance from a person's residence cannot be considered when determining eligibility. Other factors that CANNOT BE USED when determining eligibility include: age, an inability to speak English, an inability to drive, trip purpose, overcrowded buses or simply a desire to avoid riding the regular bus. **THE INDIVIDUAL'S DISABILITY(IES) OR HEALTH CONDITION AND HOW IT AFFECTS THEIR FUNCTIONAL ABILITY TO USE REGULAR BUS SERVICE ARE THE ONLY CRITERIA USED WHEN DETERMINING ELIGIBILITY.**

Evaluation Procedure

ALL PERSONS SEEKING ELIGIBILITY FOR WT PARATRANSIT VAN SERVICE MUST APPEAR IN-PERSON.

The in-person interview will be scheduled after WT receives a completed eligibility application. **Free transportation will be provided to and from the ADA assessment office.**

The purpose of the in-person interview is to determine whether the applicant can use regular fixed route service even after training. The evaluation identifies specific circumstances that create a barrier to the applicant's independent use of the fixed route system.

The components of the ADA paratransit service evaluation include: the applicant's own assessment of their ability to use fixed route service (completed application), the in-person interview and, if necessary, a functional assessment. **At the time of the in-person interview, the applicant may provide information from their physician or from a social service agency official regarding their ability to use the regular bus, however this information is not required.**

Functional Assessments

The functional assessment is a tool to help determine whether the applicant has the ability to use WT fixed route transit, and if so, under what circumstances. Functional assessments are evaluations used to predict either physical or cognitive ability. **IF YOUR ADA ELIGIBILITY STATUS IS UNCLEAR AFTER THE IN-PERSON INTERVIEW, YOU WILL BE REQUIRED TO UNDERGO A FUNCTIONAL ASSESSMENT.** A licensed professional will conduct the assessment. A university-trained, professionally certified Orientation and Mobility Specialist will conduct functional assessments of persons with a visual impairment.

The physical assessment consists of a simulated trip to and from the bus. This includes boarding a bus, negotiating a curb and a wheelchair ramp at a street intersection, and crossing the street. Skills evaluated include balance, strength, coordination and range of motion.

In addition, if your eligibility classification is unclear after the in-person interview, you may be given a cognitive assessment. Skills evaluated include bus travel skills, community safety skills and general orientation.

Variables in the environment as well as the applicant's ability to perform the tasks required to use the bus are considered. Depending on an individual's specific disability, environmental barriers prohibiting use of accessible fixed route transit may include; absence of sidewalks, busy streets, lack of curb cuts, extreme temperatures, etc. **IF YOU BELIEVE ENVIRONMENTAL BARRIERS PROHIBIT YOUR USE OF FIXED ROUTE TRANSIT, IT IS IMPORTANT TO STATE THIS AS PART OF YOUR ANSWER TO QUESTION #45.**

Categories of Eligibility

People who are determined eligible for WT paratransit service are assigned an eligibility category. **The eligibility category is consistent with the person's ability to use fixed route transit.** These categories include Unrestricted, Conditional, Trip-by-Trip and Temporary.

UNRESTRICTED Individual is not able to use accessible fixed route transit under any circumstances and is **eligible for all trips on the paratransit service.**

CONDITIONAL Individual is not able to use accessible fixed route transit in specific circumstances and is **eligible to use the paratransit service under limited circumstances identified by WT.**

TRIP-by-TRIP Individual is not able to use accessible fixed route bus service for certain trips due to architectural and / or environmental barriers. The individual is **eligible to use the paratransit service for those specific trips identified by WT.**




TEMPORARY Individual is not able to use accessible fixed route transit at this time, however the condition or circumstance(s) leading to eligibility is reasonably expected to change in the future. **For a limited period of time, the individual is typically eligible to use the paratransit service for all trips.**

ADA ELIGIBILITY WORKSHEET:
Is WT'S Paratransit Service right for you?

This worksheet is for your use. Its purpose is to help you understand ADA eligibility and determine if WT's paratransit service is appropriate for you. Please remember, ADA eligibility is granted to persons whose disabilities PREVENT use of fixed route bus services. **In other words, an individual's disabilities must be so significant that the individual is not able to use fixed route services for some or all their trips.**

QUESTION	CHECK YOUR ANSWER BELOW		
	YES	SOMETIMES	NO, NEVER
Are you able to get to and from the bus stop closest to where you live?			
With help from the bus driver, are you able to get on and off a bus that is equipped with a lift or ramp?			
With help from the bus driver who announces bus stop and transfer points; are you able to figure out the right bus stop to get off at?			
If your trip on the bus involves transferring to another bus, are you able to make the transfer?			

Look at Your Answers:

-  **If you checked “YES”** to all four questions, you are probably not ADA eligible.
-  **If you checked “SOMETIMES”** to one or more questions, you might be determined ADA eligible for certain trips under certain circumstances.
-  **If you checked “NO, NEVER”** to one or more questions, you might be ADA eligible. A **COMPLETED** ADA Eligibility Application is required to begin the process to formally determine ADA paratransit eligibility.

Should you have any questions please call Paratransit Services at **352-4828**.

WICHITA TRANSIT ADA PARATRANSIT APPLICATION

General Information

First Name _____ Middle Initial _____

Last Name _____

Street Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Telephone Number (daytime) _____ (evening) _____

Date of Birth (month/day/year) _____ Sex (M/F) _____

1. Name and phone number of a friend or relative we can call in case of emergency or we are unable to reach you at your regular number:

Name _____

Relationship _____ Phone Number _____

2. Do participate in a work activity or workshop?

☐ YES

☐ NO

If yes, which one? _____

3. Do you attend a daycare center or participate in a residential care or day treatment program?

☐ YES

☐ NO

If yes, which one? _____

4. Do you receive dialysis treatment?

☐ YES

☐ NO

If yes, where and when? _____

5. Do you reside at an assisted living facility or at a nursing home?

☐ YES

☐ NO

If yes, which one? _____

Disability and Mobility Equipment Information

6. What type or types of disabilities prevent you from using the accessible fixed route bus service?

- | | |
|--|--|
| <input type="checkbox"/> physical disability | <input type="checkbox"/> visual impairment/blindness |
| <input type="checkbox"/> mental illness | <input type="checkbox"/> developmental disability |
| <input type="checkbox"/> other | <input type="checkbox"/> none |

7. Please describe your disability in more detail:

8. If this is a temporary disability or health condition, how long do you expect it to prevent you from using the accessible fixed route buses? _____ months

9. Do you use any mobility aids or equipment?

- | | |
|---|--|
| <input type="checkbox"/> white cane | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> cane | <input type="checkbox"/> 3-wheel scooter |
| <input type="checkbox"/> crutches | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> leg brace | <input type="checkbox"/> walker |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> service animal |
| <input type="checkbox"/> portable oxygen | <input type="checkbox"/> communication board |
| <input type="checkbox"/> other (please specify) | |

10. Do you ever need to bring someone else with you to help you use the fixed route bus or van service (“personal care attendant”)?

☐ Yes, sometimes

☐ Yes, always

☐ No

Abilities to Use Accessible Fixed Route Buses

What best describes your ability to use WT’s accessible fixed route buses? (PLEASE CHECK ALL THAT APPLY)

11. ☐ I can get to and from bus stops if the distance is not too great.

12. ☐ The severity of my disability or health condition can change from day to day. I can ride the fixed route buses when I am feeling well, but not at other times.

13. ☐ I have a disability or health condition which prevents me from riding the fixed route buses if the weather is too hot or cold.

14. ☐ My disability or health condition makes it impossible to travel safely when there is rain, ice or snow.

15. ☐ I am taking medication that affects my ability to travel during certain times. If so, state under what conditions you cannot travel.

16. ☐ I can get to and from bus stops only if there are wheelchair ramps at street intersections and level sidewalks.
17. ☐ I have difficulty understanding and remembering all the things I would have to do to use the fixed route buses.
18. ☐ I can use the fixed route buses if it's someplace I go all the time.
19. ☐ I can never use the fixed route buses by myself.
20. ☐ I am not really sure if I can use the fixed route buses.
21. ☐ I am not able to use the fixed route buses for other reasons. Please explain:

Additional Information on Your Functional Abilities

(AN ANSWER TO EACH QUESTION IS REQUIRED)

WITHOUT THE HELP OF SOMEONE ELSE CAN YOU?

22. Request and understand written or spoken instructions?
(This does not refer to being unaccustomed to English)
- ☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

23. Cross a 2-lane street without wheelchair ramps at street intersections?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
24. Cross a 2-lane street with wheelchair ramps at street intersections?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
25. Cross a 4-lane street or highway with stoplights and wheelchair ramps at street intersections?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
26. Wait 15 minutes at a bus stop without a bench?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
27. Wait 15-minutes at a bus stop with a bench.
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
28. Step on and off a sidewalk from the curb?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
29. Find your own way to a bus stop if someone shows you the way once?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
30. Walk up and down three steps if there is a handrail?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
31. Make a trip that would require using two-fixed route accessible buses and transferring from one route to the other?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
32. Identify the correct bus stop when exiting the bus?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure

33. Identify the correct bus to take you on your trip?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
34. Grasp handles or railings, coins or tickets while boarding or exiting the bus?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
35. Maintain balance and tolerate bus movement when seated?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
36. Use the telephone to get information?
☐ Always ☐ Sometimes ☐ Never ☐ Not Sure
37. Under the best of conditions, what is the farthest you can walk (or travel using your mobility aid) without the help of another person?

(NOTE: Assume a block has a length of 660 feet or is approximately the length of two football fields)

- | | |
|--|--|
| <input type="checkbox"/> Less than 1 block | <input type="checkbox"/> 6 blocks (3/4 mile) |
| <input type="checkbox"/> 1 block | <input type="checkbox"/> more than 6 blocks |
| <input type="checkbox"/> 2 blocks (1/4 mile) | <input type="checkbox"/> I cannot travel outdoors alone |
| <input type="checkbox"/> 4 blocks (1/2 mile) | <input type="checkbox"/> I'm not sure how far I can travel |
38. Have you ever had training on how to travel around the community or how to ride Wichita Transit's accessible fixed route buses?
- ☐ YES ☐ NO (Skip to Question #44)

39. If you answered yes to Question #38, by which agency were you trained?

40. When?

41. Which of the following skill did you learn? (PLEASE CHECK ALL THAT APPLY)

- ☐ Travel to and from bus stops.
- ☐ General bus travel.
- ☐ How to read bus destination signs.
- ☐ Getting on and off the bus.
- ☐ How to communicate to bus drivers.
- ☐ Asking for help or saying no when offered help.
- ☐ Destination or site training (point A to point B).
- ☐ How to handle problems or travel contingencies.
- ☐ Specific destination training.
- ☐ How to cross streets with 100% accuracy.
- ☐ How to use public phones.
- ☐ Demonstrate awareness of personal safety.

42. What route(s) did you learn? _____

43. What destinations did you learn? _____

44. Would you like training information on how to use the
WT accessible fixed route buses?

☐ YES

☐ NO

45. Is there anything else about your disability or health
condition that might help us to better understand your
travel abilities and limitations? **PLEASE IDENTIFY
ANY ENVIRONMENTAL BARRIERS THAT PREVENT
YOU GETTING TO AND FROM FIXED ROUTE
BUSES**, i.e., lack of neighborhood sidewalks, busy
streets that must be crossed, lack of curb cuts at
intersections, inaccessible bus stops, extreme
temperatures, ice on snow, etc.

Where Do You Go and How Do You Get There Now

46. How are your transportation needs being met now?
(PLEASE CHECK ALL THAT APPLY)

- ☐ Walking
- ☐ Personal transportation, i.e., car
- ☐ Public transportation, i.e., bus
- ☐ Agency sponsored rides (Who?)

- ☐ Paratransit (Who?)

- ☐ Ambulance (Who?)

- ☐ Friend / relative

- ☐ Other

47. List the three places you go most and how you get there.

a. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

b. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

c. Where do you go? _____

Address _____

How often do you go there? _____

How do you get there now? _____

48. Are any of these work trips? (If NO, skip to #49). If YES, which ones?

How many people are in your household? _____

What is your annual household income? _____

49. Do you ever use Wichita Transit's fixed route buses?

☐ NO (Skip to #54) ☐ YES. Which routes?

50. When was the last time you used the fixed route buses?

51. What is the closes bus stop to your home? (Example Corner of Maple and Anna)

52. How far is the bus stop from your home?

53. If you used the fixed route buses in the past but have stopped using them, please explain why:

Signature

54. I understand the purpose of this form is to determine if I am eligible to use Wichita Transit's ADA Paratransit Service. I certify that the information provided is true and correct. I understand that falsification of information could result in a loss of Paratransit services as well as a penalty under the law.

I agree to notify Wichita Transit if I no longer need to use Paratransit services.

_____ Date _____
(Signature of Applicant or Responsible Party)

55. If someone assisted in completing this application, please provide the following information for that person:

Print name _____

Relationship to applicant _____

Address _____

Agency _____ Phone Number _____

INSTRUCTIONS FOR COMPLETING THE RELEASE AUTHORIZING WICHITA TRANSIT TO CONTACT YOUR HEALTH CARE PROFESSIONAL

On the release form on the next page please list the name and phone number of one or more professionals who are familiar with your particular disability and CURRENT ability to use Wichita Transit buses. Please be sure to list qualified professionals who are familiar with your CURRENT functional abilities. DO NOT list someone who you have never seen or have not seen in a long time. **THE PROFESSIONAL LISTED SHOULD BE SOMEONE OTHER THAN THE PERSON FILLING OUT THE APPLICATION FORM.**

SOME EXAMPLES OF PROFESSIONALS YOU COULD USE INCLUDE:

- Physician (M.D. or D.O.) or registered nurse
- Physical or occupational therapist
- Psychiatrist, psychologist, or mental health counselor
- Vocational counselor, rehabilitation specialist or independent living skills trainer
- Licensed social worker or case manager
- Orientation and mobility instructor or travel trainer
- Ophthalmologist

56. **AUTHORIZATION FORM**

City of Wichita, KS Wichita Transit

Passenger Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize Wichita Transit to request, receive, use and / or disclose certain protected health information (PHI) about me to contract service assessment providers and contract transportation providers.

This authorization permits Wichita Transit to request, receive, use and / or disclose the following individually identifiable health information about me: medical condition; current prognosis; medical history; including date(s) of services, type of services, origin of information.

The information will be used or disclosed for the following purpose:

At the request of Wichita Transit, the information will be obtained, collected and used as needed to support my claim for requested service under the Wichita Transit ADA Paratransit or Fixed Route bus systems.

The purpose is provided so that I can make an informed decision whether to allow release of the information. This authorization will continue in effect until revoked in writing.

I hereby authorize the following professionals to provide information about my disability and abilities to use the accessible fixed route bus service of Wichita Transit (WT)

and / or persons assisting WT in determining my eligibility for ADA Paratransit service. I understand that this information will be used solely for the purposes of determining eligibility for ADA Paratransit service and that all medical information about my disability will be kept confidential. **I also understand that, at no expense to me, WT requires that I participate in an in-person evaluation of my travel skills and agree to such an evaluation. I also understand that, at no expense to me, WT may require a functional assessment of my transit abilities by a health care professional and agree to such an assessment if determined necessary by WT.**

a. Name of Professional: _____

Address: _____ Phone: _____

b. Name of Professional: _____

Address: _____ Phone: _____

Wichita Transit will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to be considered for services, but I understand that no weight will be given to medical conditions claimed which cannot be verified. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected

by the federal HIPAA Privacy Rule. **I have the right to revoke this authorization in writing except to the extent that Wichita Transit has acted in reliance upon this authorization.** My written revocation must be submitted to the privacy officer at:

Privacy Officer
777 E. Waterman
Wichita, Kansas 67202

Signed by: _____

Signature of Applicant or Legal Guardian

Relationship to Applicant

Print Applicant's Name

Date

Print Name of Legal Guardian, if applicable

Applicant / guardian must be provided with a signed copy of this authorization form.

NOTE: If only able to make a "mark" for your signature, simply make your mark and then have someone act as a witness by signing their name above or besides yours. May be signed by a "Legal guardian" or "power of attorney" only if a copy of documentation showing your legal authority to act and sign on applicant's behalf is also provided. **DOCUMENTATION IS NOT NECESSARY FOR THE PARENT OF A MINOR CHILD.**

Notice of Privacy Practices

Effective date: 07-01-04

City of Wichita, KS Wichita Transit

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NOTICE OF PRIVACY PRACTICES

10 As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how health information about you (as a passenger on our service) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

A. OUR COMMITMENT TO YOUR PRIVACY:

15 Wichita Transit is dedicated to maintaining the privacy of your individually identifiable health information (also called *protected* health information, or PHI). In conducting our business, we may collect or create records regarding you, the treatment you have received, and services we provide to you. **We are required by law to maintain the confidentiality of electronically gathered or**
20 **maintained health information that identifies you.** We also are required by law to provide you with this notice of our legal duties and the privacy practices that we follow concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

25 We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- 30 • Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by Wichita Transit. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this
35 notice will be effective for all of your records that Wichita Transit has created or maintained in the past, and for any of your records that we may create or maintain in the future. Wichita Transit will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

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B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Special Services Manager, 777 E. Waterman, Wichita, KS 67202 Ph. 316-265-1450 TDD 316-337-9476.

C. WE MAY USE AND DISCLOSE YOUR PHI IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your PHI.

- 1. EVALUTION.** Wichita Transit may use your PHI to evaluate you. For example, we may ask you to submit to functional ability tests, and we may use the results to help us determine the appropriate level of service for which you qualify. We may use or disclose your PHI in order to assist others in your evaluation. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to outside testers and health care providers for purposes related to your evaluation.
- 2. HEALTH CARE OPERATIONS.** Wichita Transit may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your PHI to evaluate the quality of service you received from us, or to conduct cost-management and business planning activities for our operations. We may disclose your PHI to health care providers and entities to assist in their health care operations.
- 3. APPOINTMENT REMINDERS.** Wichita Transit may use and disclose your PHI to contact you concerning no-shows on appointments.
- 4. TREATMENT OPTIONS.** Wichita Transit may use and disclose your PHI to inform you of potential service options or alternatives.
- 5. HEALTH-RELATED BENEFITS AND SERVICES.** Wichita Transit may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 6. RELEASE OF INFORMATION TO FAMILY / FRIENDS.** Wichita Transit may release your PHI to a friend or family member that is your PCA, or who otherwise assists you. For example, a person may ask that another person arrange for a paratransit ride the next day. In this example, the caller may have access to this your pertinent medical information.

7. **DISCLOSURES REQUIRED BY LAW.** Wichita Transit will use and disclose your PHI when we are required to do so by federal, state or local law.

5
D. **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES:**

10 The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. **PUBLIC HEALTH RISKS.** Wichita Transit may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- 15
- Maintaining vital records, such as births and deaths,
 - Reporting child or abuse or neglect,
 - Preventing or controlling disease, injury or disability,
 - 20 • Notifying a person regarding potential exposure to a communicable disease,
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
 - Reporting reactions to drugs or problems with products or devices,
 - Notifying individuals if a product or device they may be using has been recalled,
 - 25 • Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information,
 - 30 • Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

- 35 2. **HEALTH OVERSIGHT ACTIVITIES.** Wichita Transit may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 40

- 45 3. **LAWSUITS AND SIMILAR PROCEEDINGS.** Wichita Transit may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made

an effort to inform you of the request or to obtain an order protecting the information the party has requested.

5 **4. LAW ENFORCEMENT.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
- Concerning a death we believe has resulted from criminal conduct,
- 10 • Regarding criminal conduct at our offices,
- In response to a warrant, summons, court order, subpoena or similar legal process,
- To identify/locate a suspect, material witness, fugitive or missing person,
- 15 • In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

20 **5. DECEASED PATIENTS.** Wichita Transit may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.

25 **6. SERIOUS THREATS TO HEALTH OR SAFETY.** Wichita Transit may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

30 **7. MILITARY.** Wichita Transit may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

35 **8. NATIONAL SECURITY.** Wichita Transit may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

40 **9. INMATES.** Wichita Transit may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

45

10. **WORKERS' COMPENSATION.** Wichita Transit may release your PHI for workers' compensation and similar programs.

5 **E. YOUR RIGHTS REGARDING YOUR PHI:**

You have the following rights regarding the PHI that we maintain about you:

- 10 1. **CONFIDENTIAL COMMUNICATIONS.** You have the right to request that Wichita Transit communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Special Services Manager, 777 E. Waterman, Wichita, KS 15 67202 Ph. 316-265-1450 TDD 316-337-9476, specifying the requested method of contact, or the location where you wish to be contacted. Wichita Transit will accommodate reasonable requests. You do not need to give a reason for your request.
- 20 2. **REQUESTING RESTRICTIONS.** You have the right to request a restriction in our use or disclosure of your PHI for evaluation, payment or operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are 25 not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to Special Services Manager, 777 E. Waterman, 30 Wichita, KS 67202 Ph. 316-265-1450 TDD 316-337-9476.

Your request must describe in a clear and concise fashion:

- 35
 - The information you wish restricted,
 - Whether you are requesting to limit Wichita Transit's use, disclosure or both,
 - To whom you want the limits to apply.
- 40 3. **INSPECTION AND COPIES.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Special Services Manager, 777 E. Waterman, Wichita, KS 45 67202 Ph. 316-265-1450 TDD 316-337-9476, in order to inspect and / or obtain a copy of your PHI. Wichita Transit may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Wichita Transit may deny your request to inspect and / or copy in certain limited circumstances; however, you may request a review of our denial.

- 5 **4. AMENDMENT.** You may ask us to amend your health information if
you believe it is incorrect or incomplete, and you may request an
amendment for as long as the information is kept by or for Wichita
10 Transit. To request an amendment, your request must be made in writing
and submitted to Special Services Manager, 777 E. Waterman, Wichita,
KS 67202 Ph. 316-265-1450 TDD 316-337-9476. You must provide us
with a reason that supports your request for amendment. Wichita Transit
will deny your request if you fail to submit your request (and the reason
15 supporting your request) in writing. Also, we may deny your request if
you ask us to amend information that is in our opinion: (a) accurate and
complete; (b) not part of the PHI kept by or for the practice; (c) not part of
the PHI which you would be permitted to inspect and copy; or (d) not
created by Wichita Transit, unless the individual or entity that created the
information is not available to amend the information.
- 20 **5. ACCOUNTING OF DISCLOSURES.** All of our patients have the right
to request an “accounting of disclosures.” An “accounting of disclosures”
is a list of certain non-routine disclosures Wichita Transit has made of
your PHI for purposes not related to provision of services or operations.
25 Use of your PHI as part of routine services by Wichita Transit is not
required to be documented – for example, the Special Services Manager
sharing information with the dispatcher. In order to obtain an accounting
of disclosures, you must submit your request in writing to Special Services
Manager, 777 E. Waterman, Wichita, KS 67202 Ph. 316-265-1450 TDD
30 316-337-9476. All requests for an “accounting of disclosures” must state
a time period, which may not be longer than six (6) years from the date of
disclosure and may not include dates before April 14, 2003. The first list
you request within a 12-month period is free of charge, but Wichita
Transit may charge you for additional lists within the same 12-month
period. Wichita Transit will notify you of the costs involved with
35 additional requests, and you may withdraw your request before you incur
any costs.
- 40 **6. RIGHT TO A PAPER COPY OF THIS NOTICE.** You are entitled to
receive a paper copy of our notice of privacy practices. You may ask us to
give you a copy of this notice at any time. To obtain a paper copy of this
notice, contact Special Services Manager, 777 E. Waterman, Wichita, KS
67202 Ph. 316-265-1450 TDD 316-337-9476.
- 45 **7. RIGHT TO FILE A COMPLAINT.** If you believe your privacy rights
have been violated, you may file a complaint with Wichita Transit or with
the Secretary of the Department of Health and Human Services. To file a

complaint with Wichita Transit, contact Special Services Manager, 777 E. Waterman, Wichita, KS 67202 Ph. 316-265-1450 TDD 316-337-9476. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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8. **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES.** Wichita Transit will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of services provided to you.

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Again, if you have any questions regarding this notice or our health information privacy policies, please contact Special Services Manager, 777 E. Waterman, Wichita, KS 67202 Ph. 316-265-1450 TDD 316-337-9476.